FCC 395

SECTION 1 - General Information

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0976 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

Name and Mailing Address of R TWO WAY RADIO SEF P.O. BOX 299 CUMBERLAND, MD 21	RVICE,	INC.											isa	eck here if this change of ress.		
2. Year Report Filed				ling Date of P	ay		4. Number of	of Full-Time Er	mplayees du	ring Selected						
			overed by Re 2/2018	vered by Report) 2/2018				Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Employee	ş.															
		Number of Emptoyees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino			Not-Hispanic or Latino										Total		
				Male							Female				Columns A - N	
	Male	Male Female	White	White Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	Α	В	С	D	Ε	F	G	н	ı	J	к	L	M	N	0	
Executive/Senior Level Officials and Managers			1						1						2	
First/Mid-Level Officials and 1.2 Managers			2						1						3	
Professionals 2											<u></u>				0	
Technicians 3			5												5	
Sales Workers 4			1						1						2	
Administrative Support Workers 5									5						5	
Craft Workers 6															0	
Operatives 7															0	
Laborers and Helpers 8															0	
Service Workers 9															0	
TOTAL 10	0	0	9	0	0	0	0	0	8	0	0	0	0	0	17	
PREVIOUS YEAR TOTAL 11															17	

FCC 395 Revised December 2007

		Number of Employees														
				(Report employees in only one category)												
Job		Race/Ethnicity														
Categories	Hispanic or		Not-Hispanic or Latino												Total	
		Latino		Male					Female						Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	1
		Α	В	С	D	E	F	G	н	ı	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

This is to company	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.										
This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.											
SECTION V - Certific	ation										
I certify that to the bes	t of my knowledge, information, and belief, all staten	nents in this report are true and cor	rect.								
Date 02/28/18	Typed or Printed Name of Person Signing GARY E. MCKENZIE J	IR.	Muy	E Mi	1	Telephone No. 3017772692					
Title of Person Signing PRESIDENT		WILLFULLY FALSE STATEMEN OF ANY STATION LICENSE OF				ONMENT (18 U.S.C. 1001) AND/OR REVO (47 U.S.C. 503).	CATION				